

You are Invited

What: San Marcos High School Baseball incoming ninth grade skills camp

Where: San Marcos High School varsity baseball field

When: June 19,20,21 and 22 (9:00-12:00)

Who: All incoming ninth grade baseball players (**You must be planning to attend San Marcos High School in the fall**)

Why: To learn fundamentals and terminology used in the San Marcos High School baseball program. This camp will be very beneficial for players who are planning on trying out for the SMHS baseball team.

Cost: \$100, Please Make Checks out to SMHSABC

***** Please Email jeff.dufek@smusd.org to reserve your spot.**

Do not send payment to the high school. Bring your check or cash on the first day of camp. Please email as soon as possible to reserve a spot.

Thank You
Jeff Dufek

San Marcos High School
Head Baseball Coach

Jeff Dufek

VOLUNTARY ACTIVITY PARTICIPATION FORM ACKNOWLEDGMENT AND ASSUMPTION OF POTENTIAL RISK

_____ wishes to participate in the District-sponsored
(student name)
activities with the _____.
(name of activity/club. E.g.; "Surf", "Flag Football", "Mountain Biking")

The activities of this group may include, but is not limited to the following: mountain biking, hiking, running, weight-room conditioning.

I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that some of the injuries/illnesses which may result from participating in these activities include, but are not limited to, the following:

- | | | |
|---------------------------|----|-----------------------|
| Sprains/strains | 5. | Paralysis |
| Fractured bones | 6. | Loss of eyesight |
| Unconsciousness | 7. | Communicable diseases |
| Head and/or back injuries | 8. | Death |

I understand and acknowledge that participation in these activities is completely voluntary and as such is not required by the District.

I understand and acknowledge that in order to participate in these activities, I agree to assume liability and responsibility for any and all potential risks which may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by me which is incident to and/or associated with preparing for and/or participating in this activity.

I acknowledge that I have carefully read this VOLUNTARY ACTIVITIES PARTICIPATION FORM and that I understand and agree to its terms.

Student Signature (if age 18 or over) Date

Parent/Guardian (required if student is a minor) Date

This signed VOLUNTARY ACTIVITIES PARTICIPATION FORM must be on file with the District before a student will be allowed to participate in the above activities.